



# volunteerflorida

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Exit

Please enter your Tax ID:

OK



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**Please fill out this brief eligibility quiz.**

Are you a Florida based organization?

-Select One- ▼

Is your organization one of the following: a public or private nonprofit organization, including faith-based or other community organization; institution of higher education; government entity within a state or territory (i.e., city, county); labor organization; partnership/consortium; or Indian Tribe?

-Select One- ▼

Do you use volunteers to meet the mission of your organization?

-Select One- ▼

Submit



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## Cover Sheet

Printer Friendly Version | E-mail Draft

\* Required before final submission

### Organization Information

\* Organization Name  \* Tax ID   
Federal Employer Identification Number

\* Previous VGF grantee  \* Florida Region   
 New Applicant  Refer to the Florida Division of Emergency Management seven (7) regions. To find your region please review: [HERE](#)  
 Region 1

\* Physical Address

\* City  \* State  \* Postal Code

\* Phone  \* Website

\* Mailing Address

\* City  \* State   
 \* Postal Code

### Applicant Information

Chief Executive Officer First Name  Chief Executive Officer Last Name

Chief Executive Officer Title  Chief Executive Officer Email Address

Chief Executive Officer Phone

If the primary contact for your proposal is the same as your Chief Executive Officer, check this box.

Applicant First Name  Applicant Last Name

Applicant Title  E-mail

Phone Number

## Fiscal Information

Please list your organizations fiscal contact. If your organization is not serving as the project's fiscal agent, please provide the information for the entity serving as the fiscal agent.

Fiscal agents are responsible for the execution of the grant and must meet eligibility guidelines for the grant. To qualify as a fiscal agent, an organization must be an established IRS 501(c)(3) tax-exempt organization that agrees to accept donations on behalf of a group that does not have IRS tax exemption.

\* Fiscal Agent Name (as applicable)

Name of the fiscal organization, if different from the applicant organization.

\* Fiscal Contact Email

\* Fiscal Contact First Name

\* Fiscal Contact Last Name

\* Fiscal Address

The physical mailing address where financial and administrative records are maintained.

\* City

\* State

\* Postal Code

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## Project Demographics

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### Project Demographics

\* **Project Title**

\* **City (ies) Served**

\* **County (ies) Served**

\* **Volunteer Generation Fund Primary Focus Area** ⓘ

Descriptions of the focus areas can be found [HERE](#). Check **one** primary focus area.

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families

\* **Notice Priority (if applicable)** ⓘ

Check one or more special consideration areas, if applicable.

- Economic Opportunities/Workforce
- Rural Communities
- Completion of Volunteer Florida's Grant Writing Training
- N/A

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## Proposal Narrative

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### Proposal Narrative

#### \* Executive Summary ?

250 Word Limit

Please use the following template:

The [Name of the organization] proposes to have 400 volunteers, contributing 3000 hours who will [service activities the volunteers will be doing] in [the locations where the volunteers will serve]. In addition, (list one or more types of volunteer management practices) will be improved. At the end of the contract year, the volunteers will be responsible for [anticipated outcome of project].

✓

Word count 0 of 250

#### \* Notice Priority ?

250 Word Limit

✓

Word count 0 of 250

#### \* Executive Narrative ?

500 Word Limit

✓

Word count: 0 of 500

**\* Past Performance** ⓘ

500 Word Limit



Word count: 0 of 500

**\* Organizational Capacity** ⓘ

500 Word Limit



Word count: 0 of 500



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## Performance Measures

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### Performance Measures

All Volunteer Generation Fund applicants must opt into all three (3) performance measures. By checking the boxes below, the applicant opts into the required Performance Measures and Targets.

#### \* VGF Performance Measures

- 1. Number of community volunteers recruited by organizations or participants. Target: 400
- 2. Number of hours community volunteers will serve. Target: 3000
- 3. Applicant will participate in a pre-/post-test assessment measuring organizational implementation of effective volunteer management practices.

#### \* Performance Measure Narrative

500 Word Limit

Word count 0 of 500

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## Budget

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\* Required before final submission

### Budget

Please upload:

- 2022-2023 Proposed VGF Budget
- Most recent audit report including the management letter, the schedule of findings, and questioned costs

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs" or ".bat") cannot be uploaded.

\* 2022-2023 Budget ⓘ

Choose File No file chosen

Upload

\* Audit ⓘ

Organizations with an audit: Please upload most recent audit report including the management letter and the schedule of findings and questioned costs, if applicable.

Organizations without an audit: Please upload Statements of Financial Position, and Statements of Revenues and Expenditures for your last two fiscal years.

Choose File No file chosen

Upload

\* Budget Narrative ⓘ

500 Word Limit

Word count 0 of 500

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## Submission

[Printer Friendly Version](#) | [E-mail Draft](#)

\* Required before final submission

\*  By checking this box, I understand that VGF grantees will be required to complete a three part background check process consistent with the standards of AmeriCorps, the agency and the Volunteer Generation Fund National Criminal History Check Requirements.

\*  By checking this box, I agree that to the best of my knowledge and belief, all data in this proposal is true and correct. The governing body of this organization has duly authorized this proposal and we will comply with all applicable state and federal laws and regulations.

\* Electronic Signature 

\* Submission Date

**Note: Once the proposal is submitted you will receive an automated e-mail from Volunteer Florida with a copy of the submission and a tracking number. If no tracking number is received, the proposal was not submitted and the user should follow the steps listed in the RFP to submit.**

Save & Finish Later

Review & Submit